

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

09/58/172

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	3		3			
6	3		3			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	0		1			
13	0		1			
14	0		1			
15	0		1			
16	0		1			
17	0		1			
18	0		1			
19	0		1			
20	0		1			
21	0		1			
22	0		1			
23	0		1			
24	0		1			
25	0		1			
26	0		1			
27	0		1			
28	0		1			
29	0		1			
30	0		1			
31	0		1			
32	0		1			
33	0		1			
34	0		1			
35	0		1			
36	0		1			
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	1		1			
IND.	1		1			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL						
IND.						